

PLUMBING PERMIT APPLICATION

If faxed in, payment must be received in 5 business days.

A. LOCATION OF PLUMBING ACTIVITY:

ADDRESS: _____
NUMBER N-E-S-W STREET NAME APT #

IF THIS BUILDING HAS MULTIPLE ADDRESSES:

LOWEST NUMBER _____ HIGHEST NUMBER _____

B. OWNER OR LEASEE OF THE PROPERTY:

NAME: _____

ADDRESS: _____

CITY STATE ZIP CODE

TELEPHONE NO. (_____) _____

C. USE OF STRUCTURE: (CHECK ONE)

- ____ 1) ONE FAMILY ____ 2) TWO FAMILY
____ 3) NON-RESIDENTIAL ____ 4) MULTI-FAMILY /
CONDOS (3 OR MORE
UNITS)

D. TYPE OF WORK: (CHECK ONE)

- ____ 1) COMMERCIAL ADDITION
____ 2) CONNECTION / RECONNECTION OF A
RELOCATED STRUCTURE
____ 3) NEW INSTALLATION IN A NEW STRUCTURE
____ 4) REPAIR / ALTERATION / REMODEL
____ 5) REPLACE / INSTALL WATER HEATER
____ 6) RESIDENTIAL ACCESSORY STRUCTURE
____ 7) RESIDENTIAL ADDITION
____ 8) UNDERSLAB ONLY

SCOPE OF WORK _____

E. WILL ANY ELECTRICAL WORK BE ACCOMPLISHED UNDER THIS PERMIT?

____ YES ____ NO

F. PLUMBING CODE

- ____ 1) INDIANA PLUMBING CODE
____ 2) INDIANA RESIDENTIAL CODE

G. VALUE OF WORK:

NEW \$ _____ REMODEL \$ _____
(DOLLARS ONLY / NO CENTS)

H. STATE DESIGN RELEASE NUMBER: (IF COMMERCIAL)

I. STRUCTURAL PERMIT NUMBER

J. STRUCTURAL PERMIT FEE:

NEW \$ _____ REMODEL \$ _____

K. CONTRACTOR RESPONSIBLE FOR PLUMBING PERMIT

If the applicant is obtaining the permit for a contractor which is licensed with the Department of Code Enforcement, please complete the following information:

BUSINESS NAME _____

I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

NAME: _____

SIGNATURE: _____

DATE: _____

REGISTRATION NUMBERS:

CORPORATION: _____

INDIVIDUAL: _____

TELEPHONE NO. (_____) _____

FAX NO. (_____) _____

Office Use Only

Permit # _____

Processed by _____

Date \$ _____ Fee